



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 275412001900																								
Application Number	10/723,888	Filed November 26, 2003																								
For OPTICAL PICK-UP APPARATUS AND SEMICONDUCTOR LASER APPARATUS																										
Art Unit	2872	Examiner A. Lavarias																								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																										
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																										
<table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> <td>\$</td> </tr> </tbody> </table>				Fee	Small Entity Fee		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.																										
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>56,529</u>																										
 Signature _____ Date <u>April 6, 2006</u> <u>Ernest Ellenberger</u> Telephone Number <u>(650) 813-5786</u> Typed or printed name _____ Telephone Number _____																										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																										
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.																										

04/11/2006 AWONDAF1 00000012 031952 10723888

01 FC:1251 120.00 DA

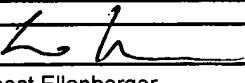


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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEES TRANSMITTAL		Application Number	10/723,888
For FY 2005		Filing Date	November 26, 2003
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Shigehiro YAMADA
TOTAL AMOUNT OF PAYMENT (\$ 120.00)		Examiner Name	A. Lavaras
		Art Unit	2872
		Attorney Docket No.	275412001900

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																															
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																										
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)																								
Utility	300	150	500	250	200	100	0.00																								
Design	200	100	100	50	130	65	0.00																								
Plant	200	100	300	150	160	80	0.00																								
Reissue	300	150	500	250	600	300	0.00																								
Provisional	200	100	0	0	0	0	0.00																								
2. EXCESS CLAIM FEES																															
Fee Description																															
Each claim over 20 (including Reissues) <u>50</u> <u>25</u>																															
Each independent claim over 3 (including Reissues) <u>200</u> <u>100</u>																															
Multiple dependent claims <u>360</u> <u>180</u>																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Total Claims</td> <td style="width: 30%; text-align: center;">Extra Claims</td> <td style="width: 30%; text-align: center;">Fee (\$)</td> <td style="width: 30%; text-align: center;">Fee Paid (\$)</td> <td colspan="4" style="text-align: center;">Multiple Dependent Claims</td> </tr> <tr> <td><u>3</u></td> <td><u>- 20 = 0</u></td> <td><u>x 50</u></td> <td><u>= 0.00</u></td> <td colspan="4"><u>Fee (\$)</u> <u>Fee Paid (\$)</u></td> </tr> <tr> <td colspan="4"></td> <td colspan="4"><u>360</u> <u>0.00</u></td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims				<u>3</u>	<u>- 20 = 0</u>	<u>x 50</u>	<u>= 0.00</u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>								<u>360</u> <u>0.00</u>			
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3. APPLICATION SIZE FEE																															
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																															
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4. OTHER FEE(S)																															
Non-English Specification, \$130 fee (no small entity discount) <u>0.00</u>																															
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u> <u>120.00</u>																															

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	56,529	Telephone
Name (Print/Type)	Ernest Ellenberger		Date	April 6, 2006	